

Med rec survey

*1. What title best describes you?

- ☐ Pharmacist
- ☐ Pharmacy resident
- ☐ Other health care professional, please specify

*2. Please choose the option that best describes your institution.

- ☐ Hospital
- ☐ Clinic
- ☐ Nursing home
- ☐ Hospice
- ☐ Other (please specify)

3. Who is responsible for collecting information about home medications for a newly admitted patient?

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical pharmacist | <input type="checkbox"/> Medical doctor | <input type="checkbox"/> Physician's assistant |
| <input type="checkbox"/> Pharmacy student | <input type="checkbox"/> Medical resident | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Medical student | <input type="checkbox"/> Pharmacy resident | |
| <input type="checkbox"/> Staff pharmacist | <input type="checkbox"/> Nurse | |
| <input type="checkbox"/> Other (please specify) | | |

4. Who is responsible for reconciling home medications and physician orders (hospital medications)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical pharmacist | <input type="checkbox"/> Medical doctor | <input type="checkbox"/> Physician's assistant |
| <input type="checkbox"/> Pharmacy student | <input type="checkbox"/> Medical resident | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Medical student | <input type="checkbox"/> Pharmacy resident | |
| <input type="checkbox"/> Staff pharmacist | <input type="checkbox"/> Nurse | |
| <input type="checkbox"/> Other (please specify) | | |

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5. Who is responsible for patient discharge counseling?

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical pharmacist | <input type="checkbox"/> Medical doctor | <input type="checkbox"/> Physician's assistant |
| <input type="checkbox"/> Pharmacy student | <input type="checkbox"/> Medical resident | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Medical student | <input type="checkbox"/> Pharmacy resident | |
| <input type="checkbox"/> Staff pharmacist | <input type="checkbox"/> Nurse | |
| <input type="checkbox"/> Other (please specify) | | |

*6. Does your institution have a pharmacy run medication reconciliation program?

- ☐ Yes
- ☐ No

7. Do you have a dedicated pharmacist or pharmacy staff that performs medication reconciliation?

- ☐ Yes (Full time med. rec. pharmacist)
- ☐ No

8. Is your hospital's medication reconciliation program considered an interdisciplinary run system?

- ☐ Yes
- ☐ No

*9. If so, who are the players? (please circle ALL that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical pharmacist | <input type="checkbox"/> Medical doctor | <input type="checkbox"/> Physician's assistant |
| <input type="checkbox"/> Pharmacy student | <input type="checkbox"/> Medical resident | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Medical student | <input type="checkbox"/> Pharmacy resident | |
| <input type="checkbox"/> Staff pharmacist | <input type="checkbox"/> Nurse | |
| <input type="checkbox"/> Other (please specify) | | |

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***10. Approximately, how long does it take to create a complete home medication list for a patient?**

- | | |
|--|--|
| <input type="radio"/> < 10 minutes | <input type="radio"/> 30 minutes- 1 hour |
| <input type="radio"/> 10- 20 minutes | <input type="radio"/> > 1 hour |
| <input type="radio"/> 21-30 minutes | <input type="radio"/> Not sure |
| <input type="radio"/> Other (please specify) | |

***11. Approximately, how long does it take to reconcile the home medication list and new MD orders for a patient?**

- | | |
|--|--|
| <input type="radio"/> < 10 minutes | <input type="radio"/> 30 minutes- 1 hour |
| <input type="radio"/> 10- 20 minutes | <input type="radio"/> > 1 hour |
| <input type="radio"/> 21-30 minutes | <input type="radio"/> Not sure |
| <input type="radio"/> Other (please specify) | |

***12. Approximately, how long does it take to complete discharge counseling for a patient?**

- | | |
|--|--|
| <input type="radio"/> < 10 minutes | <input type="radio"/> 30 minutes- 1 hour |
| <input type="radio"/> 10- 20 minutes | <input type="radio"/> > 1 hour |
| <input type="radio"/> 21-30 minutes | <input type="radio"/> Not sure |
| <input type="radio"/> Other (please specify) | |

***13. Regarding the home medication list, how is the information obtained? (please circle ALL that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Patient interview | <input type="checkbox"/> Discharge summary from prior visit |
| <input type="checkbox"/> Family member or friend | <input type="checkbox"/> Call pharmacy where patient fills prescriptions |
| <input type="checkbox"/> Obtained prior to visit | <input type="checkbox"/> Ambulatory care clinics |
| <input type="checkbox"/> Other (please specify) | |

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14. Is your hospital's medication reconciliation program computerized?

☐ Yes

☐ No

***15. How is the home medication list shared with other health care professionals?
(please circle ALL that apply)**

☐ Computer system

☐ Computer system via network

☐ Paper charts

☐ Verbal

☐ Other (please specify)

***16. Where is the medication reconciliation program started or performed? (please circle ALL that apply)**

☐ ED

☐ In patient floors

☐ Pre-surgery

☐ Other (please specify)

☐ Ambulatory care clinics

☐ Upon patient transfers

***17. Do you think there is a place for a pharmacy run Medication Reconciliation program within the health care system?**

☐ Yes

☐ No

***18. Do you (would you) support a pharmacy run medication reconciliation program at your institution?**

☐ Yes

☐ No

***19. Do you have any information on the cost effectiveness of the pharmacy run Medication Reconciliation program at your institution?**

☐ Yes

☐ No

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20. How many years has your institution had a pharmacy run medication reconciliation program?

Enter number of years:

21. How many hospital beds does your institution have?

Enter number of beds:

***22. What state is your institution located in?**

23. How would you describe the neighborhood your institution is located in?

☐ Rural

☐ Urban

☐ Suburban

24. Additional comments: